

NOV. 21. 2005 3:30PM
TO: USPTO

ZILKA-KOTAB, PC

NO. 1022 P. 1

ZILKA-KOTAB
PC
ZILKA, KOTAB & PEECE™

RECEIVED
CENTRAL FAX CENTER

NOV 21 2005

95 SOUTH MARKET ST., SUITE 420
SAN JOSE, CA 95113

TELEPHONE (408) 971-2573
FAX (408) 971-4660

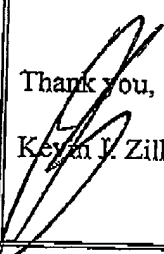
FAX COVER SHEET

Date: November 21, 2005	Phone Number	Fax Number
To: Examiner Almis R. Jankus		(571) 273-8300
From: Kevin J. Zilka		

Docket No.: NVIDP030A/P000915

App. No: 10/676,788

Total Number of Pages Being Transmitted, Including Cover Sheet: 17

<p>Message:</p> <p>Please deliver to Examiner Jankus.</p> <p>Thank you,</p> <p> Kevin J. Zilka</p>

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.

IF YOU DO NOT RECEIVE ALL PAGES OR IF YOU ENCOUNTER
ANY OTHER DIFFICULTY, PLEASE PHONE Erica
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

November 18, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Donovan et al.

Application No.: 10/676,788

Filed: 09/30/03

For: SYSTEM, METHOD AND
ARTICLE OF MANUFACTURE
FOR SHADOW MAPPING

Docket: NVIDP030A/P000915

Art Unit: 2672

Examiner: Jankus, Almis R.

Date: November 21, 2005

RECEIVED
CENTRAL FAX CENTER
NOV 21 2005CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents at facsimile number: (571) 273-8300 on the above date.

Signed: 

Erica J. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.

If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NVIDP030A). A copy of this sheet is enclosed for billing purposes.Respectfully submitted,
Zilka-Kotab, PC
Kevin J. Zilka
Registration No. 41,429P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re the application of:) Docket: NVIDP030A/P000915
)
Donovan et al.)
)
Application No.: 10/676,788) Art Unit: 2672
)
Filed: 09/30/03) Examiner: Jankus, Almis R.
)
For: SYSTEM, METHOD AND) Date: November 21, 2005
ARTICLE OF MANUFACTURE)
FOR SHADOW MAPPING)

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents at facsimile number: (571) 273-8300 on the above date.

Signed: 

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.
☐ Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.
☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NVIDP030A). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka-Kotab, PC

Kevin J. Zilka
Registration No. 41,429

P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/90)